

**CITY OF CARLSBAD
ENGINEERING DEPARTMENT
Tentative Map Extension Application**

Project Number: _____	Project Name: _____		
Location: _____ Side of _____ Between _____ and _____ <div style="display: flex; justify-content: space-between; font-weight: bold; font-size: small;"> (N/S/E/W) Street Name Street Name Street Name </div>			
Brief Description: _____ _____ _____			
Reason for Request: _____ _____ _____ _____ _____			
<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">APPLICANT</p> Name: _____ Street Address: _____ City, State, Zip: _____ Phone Number: _____ Fax Number: _____ E-Mail: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <i>Signature</i> <i>Date</i> </div>	<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">OWNER</p> Name: _____ Street Address: _____ City, State, Zip: _____ Phone Number: _____ Fax Number: _____ E-Mail: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <i>Signature</i> <i>Date</i> </div>		
Current Map Expiration Date: _____	Facility Zone: _____	APN: _____	Acreage: _____
Subdivision Type: _____	Number of Lots: _____	Number of D/U's: _____	

For City Use Only

Application Accepted By:	_____
Date Assigned:	_____
Land Use Engineer:	_____
Project Planner:	_____

DATE STAMP RECEIVED
